

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re GENERAL MOTORS INC

IGNITION SWITCH LITIGATION

Creamer
14MC2543 JMF

16-3923

14MD2543 JMF

PLEADING FOR THE FOLLOWING JUDGMENT FURTHER
DEFAULT OF GM FAILING TO NOTIFY OF FAULTY IGNITION
SWITCH

ENCLOSED are 18 pages of, police report, VIN # 1G1AL55F367780139, Civil Suit, pictures of 2006 Cobalt

Honorable Jesse M. Furman, District Judge with this following pro se case #16-3923 CREAMER transferred from District of Kansas case #16-4045, Creamer has filed and sent via certified on August 5, 2016 documentation and I am also sending the copy of the case # 16-4045 from District of Kansas.

As IN THE 74-page opinion, a three-judge panel said that GM essentially asked the court to reward it for concealing claims. "We decline to do so," the court said.

(1-2)

Under terms of the government-funded bankruptcy, the company that emerged, referred to as New GM, was indemnified against most claims against the pre-bankruptcy company, or Old GM. Retired U.S. Bankruptcy Judge Robert Gerber ruled in April 2015 that most ignition-switch claimants could not sue New GM for damages because the company should emerge from bankruptcy free of claims against Old GM. Creamer in bankruptcy case of Judge Robert Gerber

#09-50026 SDofNY bankruptcy transcription on April 2012 phone conference

But the appeals court overturned most of that decision. GM's actions with failing to notify Creamer is cause for immediate default.

"I think GM now has to think about the fact of protect New GM from claims that it misrepresented the safety of cars made by pre-bankruptcy GM. The appeals judges, he said, determined that Old GM knew that the cars could stall and air bags wouldn't work but didn't reveal those facts during the bankruptcy. CREAMER v GM in Bk Judge Gerber court 2012. August 15, 2016

M. A. Creamer

CERT of SERVICE via efile, US mail, fax

CLERK of SD of NY, Judge Jesse M. Furman

(2-2)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF KANSAS

MARJORIE A. CREAMER)
[REDACTED])
[REDACTED])

KC MO)
(Enter above the full name of the Plaintiff(s))

vs. MARY BAYRA)
GENERAL MOTORS)

Case Number 16-4045

Name [REDACTED])

Street and number [REDACTED])

DETROIT MI)
City State ZipCode)

(Enter above the full name and address of the
Defendant in this action - list the name and
address of any additional defendants on the back
side of this sheet).

CIVIL COMPLAINT

I. Parties to this civil action:

(In item A below, place your name in the first blank and place your present address in the
second blank. Do the same for additional plaintiffs, if any, on the back side of this sheet).

A. Name of plaintiff MARJORIE A. CREAMER

Address [REDACTED]

KC MO

[REDACTED]

(In item B below, write the full name of the defendant in the first blank. In the second blank, write the official position of the defendant. Use item C for the names and positions of any additional defendants).

B. Defendant Mary Bana / Executive is
 employed at General Motors
 [REDACTED]

C. Additional Defendants Detroit MI
 [REDACTED]

II. Jurisdiction:

(Complete one or more of the following subparagraphs, A., B.1, B.2., or B.3., whichever is applicable.)

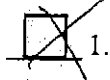
A. (If Applicable) Diversity of citizenship and amount:

1. Plaintiff is a citizen of the State of KANSAS and MISSOURI
2. The first-named defendant above is either
 - a. a citizen of the State of _____; or
 - b. a corporation incorporated under the laws of the State of MICHIGAN and having its principal place of business in a State other than the State of which plaintiff is a citizen.
3. The second-named defendant above is either
 - a. a citizen of the State of _____; or
 - b. a corporation incorporated under the laws of the State of _____ and having its principal place of business in a State other than the State of which plaintiff is a citizen.

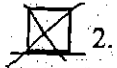
(If there are more than two defendants, set forth the foregoing information for each additional defendant on a separate page and attach it to this complaint.)

Plaintiff states that the matter in controversy exceeds, exclusive of interest and costs, the sum of seventy-five thousand dollars (\$75,000.00).

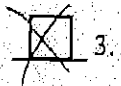
B. (If applicable) Jurisdiction founded on grounds other than diversity
(Check any of the following which apply to this case).



This case arises under the following section of the Constitution of the United States or statute of the United States (28 U.S.C. §1331):
Constitution, Article _____, Section _____
Statute, US Code, Title 42, Section 12101



This case arises because of violation of the civil or equal rights, privileges, or immunities accorded to citizens of, or persons within the jurisdiction of, the United States (28 U.S.C. §1343).



Other grounds (specify and state any statute which gives rise to such grounds):

PRODUCT LIABILITY
VIOLATION
Causing PERSONAL INJURY

III. Statement of Claim:

See attached

(State here a short and plain statement of the claim showing that plaintiff is entitled to relief. State what each defendant did that violated the right(s) of the plaintiff, including dates and places of such conduct by the defendant(s). Do not set forth legal arguments. If you intend to allege more than one claim, number and set forth each claim in a separate paragraph. Attach an additional sheet, if necessary, to set forth a short and plain statement of the claim[s].)

Purchase 2006 COBALT (General Motors) Caused
accident 2009 due to RECALL
IGNITION SWITCH, Faulty non-
airbag and defective recalled Steering
motor causing head injury, bodily injury
and total of 2006 Cobalt

IV. Relief:

(State briefly exactly what judgement or relief you want from the Court. Do not make legal arguments.)

Relief should be granted to Plaintiff
in punitive, compensatory for injuries
future, past and present as per
jury trial

V. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time? Yes ☒ No ☐

VI. Do you claim actual damages for the acts alleged in your complaint? Yes ☒ No ☐

VII. Do you claim punitive monetary damages? Yes ☒ No ☐

If you answered yes, state the amounts claimed and the reasons you claim you are entitled to recover money damages.

Jury decision is that
if past cases decided
for injuries, loss of time
2009 - 7 years ago

VIN # 1G1ALS5F367780039 Chevy Cobalt
* Defective Recalled Steering Electric
Motor

* (2014 recall) Ignition Switch

* Non deployment Air bag
Sept 24, 2009 before July 2009

VIII. Administrative Procedures:

A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes ☐ No ☒

B. If you answered yes, give the date your claims were presented, how they were presented, and the result of that procedure:

C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures:

NO appeal process

IX. Related Litigation:

Please mark the statement that pertains to this case:



SDNY NY 14-6074 - Judge Sullivan
This cause, or a substantially equivalent complaint, was previously filed in this court as case number _____ and assigned to the Honorable Judge 12-1928 Brown in KS



Neither this cause, nor a substantially equivalent complaint, previously has been filed in this court, and therefore this case may be opened as an original proceeding.

MARJORIE A. CREAMER
Signature of Plaintiff

MARJORIE A. CREAMER
Name (Print or Type)

Address
KC MO

KC MO [REDACTED]
City State Zip Code
[REDACTED]
Telephone Number

DESIGNATION OF PLACE OF TRIAL

Plaintiff designates { ☐ Wichita, ☐ Kansas City, or ☒ Topeka } , Kansas as the
(Select One)
location for the trial in this matter.

Mary A Creamer
Signature of Plaintiff

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury { ☒ Yes or ☐ No }
(Select One)

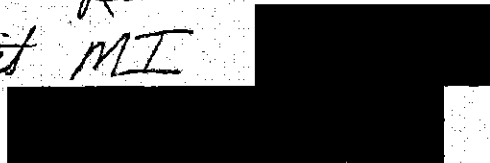
Mary A Creamer
Signature of Plaintiff

Dated: April 24, 2016
(Rev. 10/15)

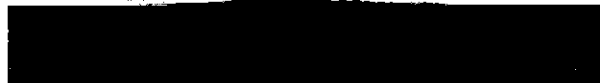
GM 3201 Traffic way
Jawfax Kansas City



300 Renaissance Ctr
Detroit MI



Lemonlaw
gm priority care @ gm.com



Sent email
4/26 as per
16-1AL55F367780039
my gm.com/recalls
V#

JS 44 (Rev. 11/15)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of filing the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS MARTIN A CREAMER
mail - [REDACTED]
 (b) County of Residence of First Listed Plaintiff Clay County
home - [REDACTED] Smith Co.
 (c) Attorneys (Firm Name, Address, and Telephone Number)
Smith Center Co
pro-se

DEFENDANTS General Motors
Motor
on Detroit M.I.
 County of Residence of First Listed Defendant [REDACTED]
 (in U.S. PLAINTIFF CASES ONLY)
 NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.
 Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☒ 2 U.S. Government Defendant
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☒ 1 PTF ☐ 1 DEF
 Citizen of Another State ☒ 2 PTF ☐ 2 DEF
 Citizen or Subject of a Foreign Country ☐ 3 PTF ☐ 3 DEF
 Incorporated or Principal Place of Business in This State ☐ 4 PTF ☐ 4 DEF
 Incorporated and Principal Place of Business in Another State ☐ 5 PTF ☒ 5 DEF
 Foreign Nation ☐ 6 PTF ☐ 6 DEF

IV. NATURE OF SUIT (Place an "X" in One Box Only)

| CONTRACT | PERSONAL INJURY | PERSONAL INJURY | PROPERTY | LABOR/EMPLOYMENT | OTHER |
|--|--|---|--|---|---|
| <input type="checkbox"/> 110 Insurance | <input type="checkbox"/> 310 Airplane | <input checked="" type="checkbox"/> 363 Personal Injury - Prod. Liab. | <input type="checkbox"/> 615 Drug Related Seizure of Property 21 USC 881 | <input type="checkbox"/> 422 Appeal 28 USC 156 | <input type="checkbox"/> 373 False Claims Act |
| <input type="checkbox"/> 120 Marine | <input type="checkbox"/> 315 Airplane Product Liability | <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability | <input type="checkbox"/> 690 Other | <input type="checkbox"/> 423 Withdrawal 28 USC 157 | <input type="checkbox"/> 376 Qui Tam (31 USC 3739(e)) |
| <input type="checkbox"/> 130 Miller Act | <input type="checkbox"/> 320 Assault, Libel & Slander | <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability | | <input type="checkbox"/> 420 Copyright | <input type="checkbox"/> 400 State Reapportionment |
| <input type="checkbox"/> 140 Negotiable Instrument | <input type="checkbox"/> 330 Federal Employers' Liability | <input type="checkbox"/> 370 Other Fraud | <input type="checkbox"/> 710 Fair Labor Standards Act | <input type="checkbox"/> 430 Patent | <input type="checkbox"/> 410 Antitrust |
| <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment | <input type="checkbox"/> 340 Marine | <input type="checkbox"/> 371 Truth in Lending | <input type="checkbox"/> 720 Labor/Management Relations | <input type="checkbox"/> 430 Patent | <input type="checkbox"/> 430 Banks and Banking |
| <input type="checkbox"/> 151 Medicare Act | <input type="checkbox"/> 345 Marine Product Liability | <input type="checkbox"/> 380 Other Personal Property Damage | <input type="checkbox"/> 740 Railway Labor Act | <input type="checkbox"/> 440 Trademark | <input type="checkbox"/> 430 Co-ops |
| <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) | <input type="checkbox"/> 350 Motor Vehicle | <input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 751 Family and Medical Leave Act | <input type="checkbox"/> 460 Deportation | <input type="checkbox"/> 460 Deportation |
| <input type="checkbox"/> 153 Recovery of Overpayment of Veterans' Benefits | <input type="checkbox"/> 355 Motor Vehicle Product Liability | | <input type="checkbox"/> 790 Other Labor Litigation | <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations | <input type="checkbox"/> 480 Consumer Credit |
| <input type="checkbox"/> 160 Stockholders' Suits | <input type="checkbox"/> 360 Other Personal Injury | <input type="checkbox"/> 390 Habeas Corpus | <input type="checkbox"/> 791 Employee Retirement Income Security Act | <input type="checkbox"/> 480 Consumer Credit | <input type="checkbox"/> 490 Cable/Sat TV |
| <input type="checkbox"/> 190 Other Contract | <input type="checkbox"/> 362 Personal Injury - Medical Malpractice | <input type="checkbox"/> 463 Alien Detainees | | <input type="checkbox"/> 490 Cable/Sat TV | <input type="checkbox"/> 490 Cable/Sat TV |
| <input checked="" type="checkbox"/> 195 Contract Product Liability | <input type="checkbox"/> 440 Other Civil Rights | <input type="checkbox"/> 510 Motions to Vacate Sentence | | <input type="checkbox"/> 500 Securities/Commodities Exchange | <input type="checkbox"/> 500 Securities/Commodities Exchange |
| <input type="checkbox"/> 196 Franchise | <input type="checkbox"/> 441 Voting | <input type="checkbox"/> 530 General | | <input type="checkbox"/> 590 Other Statutory Actions | <input type="checkbox"/> 590 Other Statutory Actions |
| | <input type="checkbox"/> 442 Employment | <input type="checkbox"/> 535 Death Penalty | | <input type="checkbox"/> 591 Agricultural Acts | <input type="checkbox"/> 591 Agricultural Acts |
| | <input type="checkbox"/> 443 Housing/Accommodations | <input type="checkbox"/> 540 Mandamus & Other | | <input type="checkbox"/> 593 Environmental Matters | <input type="checkbox"/> 593 Environmental Matters |
| | <input type="checkbox"/> 445 Amer. w/Disabilities - Employment | <input type="checkbox"/> 550 Civil Rights | | <input type="checkbox"/> 595 Freedom of Information Act | <input type="checkbox"/> 595 Freedom of Information Act |
| | <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other | <input type="checkbox"/> 555 Priv. Condition | | <input type="checkbox"/> 596 Arbitration | <input type="checkbox"/> 596 Arbitration |
| | <input type="checkbox"/> 448 Education | <input type="checkbox"/> 560 Civ. Detention - Conditions of Confinement | | <input type="checkbox"/> 599 Administrative Procedure Act/Review or Appeal of Agency Decision | <input type="checkbox"/> 599 Administrative Procedure Act/Review or Appeal of Agency Decision |
| | | | | <input type="checkbox"/> 600 Constitutionality of State Statutes | <input type="checkbox"/> 600 Constitutionality of State Statutes |

V. ORIGIN (Place an "X" in One Box Only)

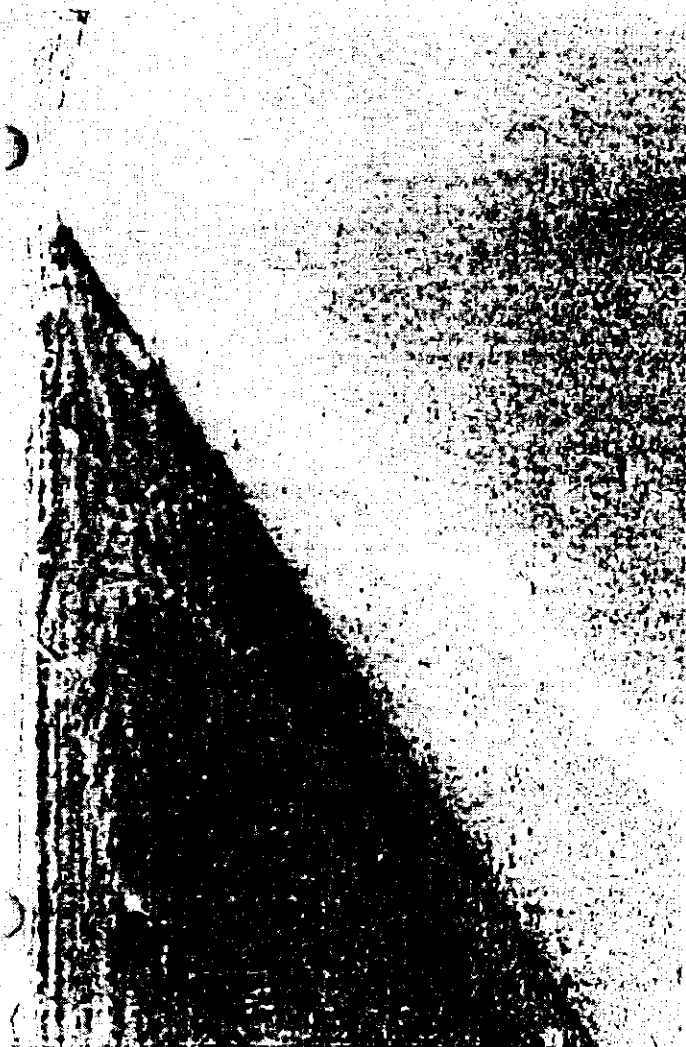
- ☐ 1 Original Proceeding ☒ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☒ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
42 USC 1981, 1983, 1985, 1986, 1988, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 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3479, 3480, 3481, 3482, 3483, 3484, 3485, 3486, 3487, 3488, 34



turn Von Hoy went other direction into ditch





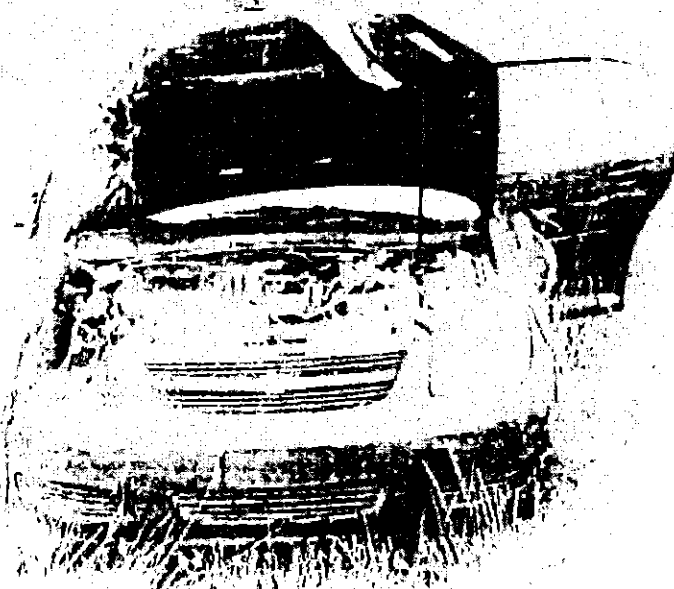
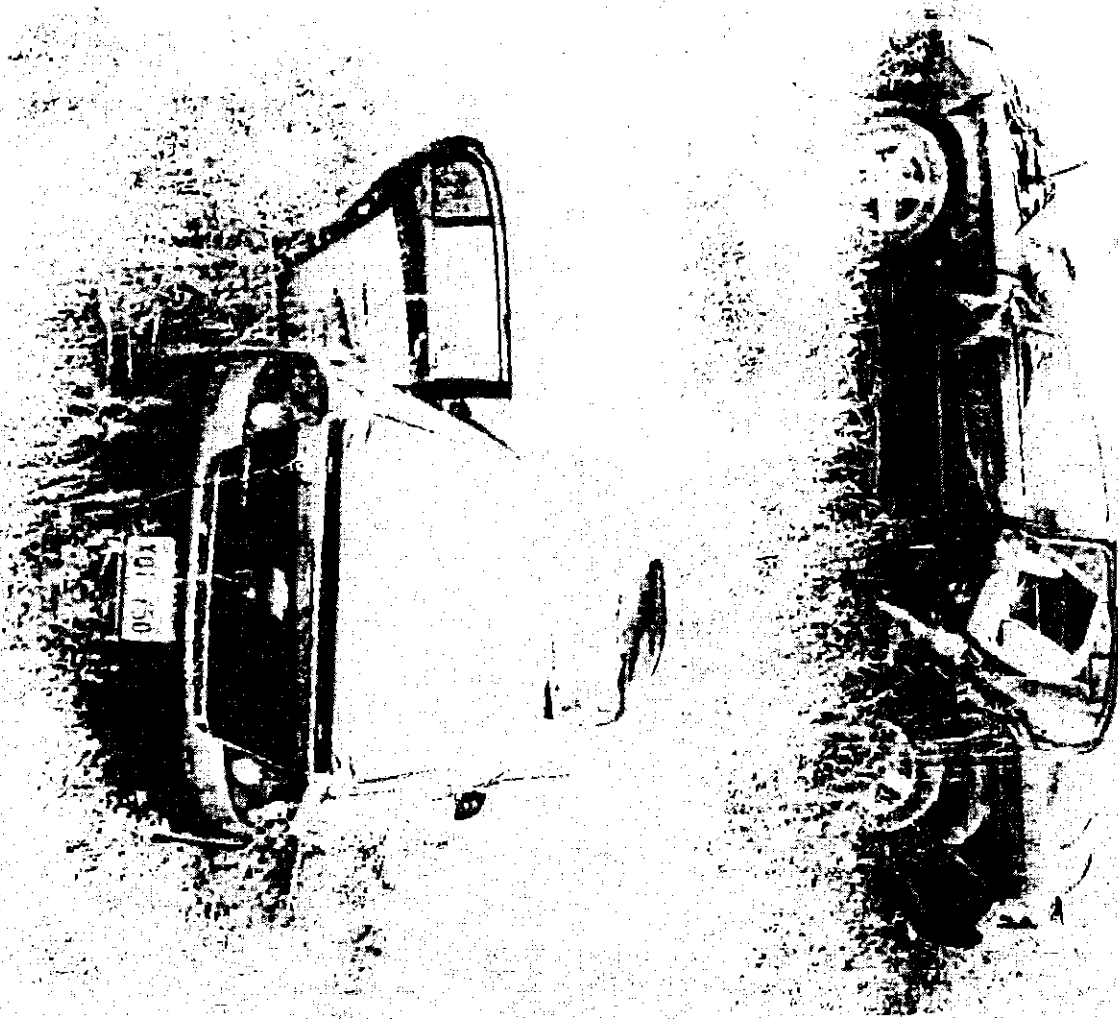
Sept 24, 2014

2005 Cobalt Heavy 2.1 Sedan (Grouped as sedan)
Mayan A. Creamer



Wires
Hanging
over
car
as
Cream
Charm





11-18

| | | | | | | | | |
|-------|-------------------|--------------|-------|-------------------|--------------|-------|-------------------|--------------|
| Dr/Pd | Violation Charged | Citation No. | Dr/Pd | Violation Charged | Citation No. | Dr/Pd | Violation Charged | Citation No. |
| Dr/Pd | Violation Charged | Citation No. | Dr/Pd | Violation Charged | Citation No. | Dr/Pd | Violation Charged | Citation No. |

OFFICER'S OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number-Specific Factor) Enter in order all codes that apply.

| | |
|--|---|
| 01 LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark street lights on 05 Dark no street lights | TRAFFIC CONTROLS (On/At Road) C/A Type Present 01 08 02 09 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 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1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 |
|--|---|

COLLISION DIAGRAM

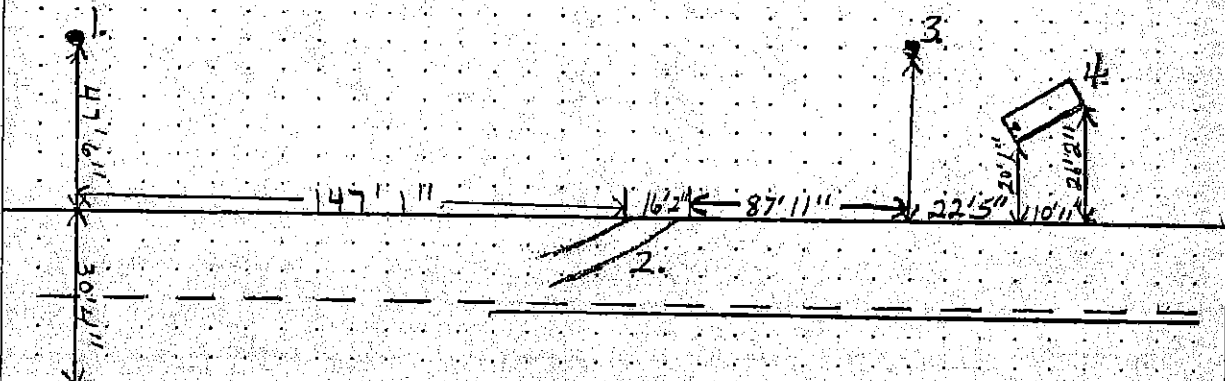
Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.

SHOW

- (1) Outline of street and access points and identify specifically by number.
- (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
- (3) Location of signs, traffic controls, and reference points.
- (4) Location of other property hit or damaged (trees, signs, etc.).
- (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
- (6) Location of temporary highway conditions.
- (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.

↑
NORTH

DIAGRAM NOT DRAWN TO SCALE



1. FIXED POINT (UTILITY POLE)
2. V.I. SKID MARKS
3. BROKEN UTILITY POLE
4. V.I. FINAL RESTING POINT

WITNESS

SHERIDAN COUNTY SHERIFF'S DEPARTMENT

Case# _____

Brian K. Fenner, Sheriff

Hessel M. Anderson, Undersheriff

CASE STATEMENT

NAME Dustin J Burgardt DATE OF BIRTH [REDACTED] 82
 SS# [REDACTED] or DL# [REDACTED]
 ADDRESS [REDACTED] Colby, KS PHONE [REDACTED]

Travelling NE on HWY 83 toward 83+383 Junction from
 Selkirk, KS. I saw the Black ^{Cherry Caball} Dodge ~~swerve~~ swerve into the
 oncoming traffic lane, maintain a straight direction for
 several seconds. The car then had two tires off the
 pavement, promptly swerved back onto the road, only to
 swerve again. The car then swerved hard left,
 went through the north ditch, hit a telephone pole,
 rolled onto the top of the car and then finished the
 roll onto the tires. I dialed 911 and stopped immediately.
 While on the phone to the dispatcher, I helped one (1)
 occupant out of the back seat of the vehicle.
 I tried to communicate with the occupant, but
 it was hard.

SIGNATURE Just Zangeneh DATE 9-24-09
 PAGE _____ OF _____

15-18

SHERIDAN COUNTY SHERIFF'S DEPARTMENT

Case# _____

Brian K. Fenner, Sheriff

Hessel M. Anderson, Undersheriff

CASE STATEMENT

NAME Marjorie A. Creamer DATE OF BIRTH [REDACTED]

SS# [REDACTED] or DL# [REDACTED]

ADDRESS [REDACTED] PHONE [REDACTED]

Phillips Tires / East Bound
on 23 on curb and ~~back~~ tried to get
back on the road and ~~back~~ turned hit
pole and rolled west side

Hood of car down on car perfect
perfect - not as picture front
Sheriff Finney
Send me a copy

[REDACTED]
Smith Center KS [REDACTED]

SIGNATURE Marjorie A. Creamer DATE Sept 24, 2009

PAGE _____ OF _____

- ☐ FATAL
☐ INJURY
☒ PDO over \$1000
☐ PDO under \$1000
☐ PRIVATE PROPERTY

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT

DOT FORM NO. 850

Rev. 1-2005

- ☐ Amended Report
☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------|---|---|--|--|----------------------------------|-------------------|---------------------|--|--------------------------------|--------|------|--|--------------------------------|-------|------|-------|-------|------------|--------|-------|---|-----------------------|--------|--|--|-----|-------|------|-----------------|---------|-------------|--|--|--|--|-------|-----------------------------------|-----------------|---------|-------------|---------------|-----|-------------------------------|--|--|-----------------------------------|--|--|------|---------------|-----|-------------------------------|--|--|----------|--|--|--|------------|--|--|--|--------|---|--|--|-------|--|------|------|----------------------------------|---|-------|--|-------------------|--|----------------------------------|------|----------------------------------|--|-------|--|-------------------|-------------------|----------------------------------|---------------------|--|---|--|---|--|-------------------|--|---------------------|--|---|--|---|--|--|--|--|-----------|-----------|-----------|------------|---------|--|--|--|--|-----|-----------|------------|--------|-----|---|----|-----------------------|--|--|------------------|--|------|--|--------------------------------|-------|------|------|-------|------|------|-------|---|------------|--------|--|--|--|-------|--|-----------------|---------|-------------|--|--|--|--|--|-----------------------------------|--|--|------|---------------|-----|-------------------------------|--|--|----------|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|-------|--|------|------|----------------------------------|--|-------|--|-------------------|--|----------------------------------|--|--|--|--|--|--|-------------------|--|---------------------|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|-----------|-----------|-----------|------------|---------|--|--|--|-----|-----|-----------|------------|--------|-----|---|----|-----------------------|--|--|------------------|--|--|---|----|---|---|---|--|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|
| Milepost 193.7 | County SD | On Road US 83 | Speed Limit 65 | CITY SALDEN | Photos By SDSO | Local Case Number 09-AC-43 | Page 1 | of 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance 1 | FURL mi | Dr. W | <input checked="" type="checkbox"/> FROM <input type="checkbox"/> AT Road | Speed Limit 65 | Investigating Dept. SDSO | Investigating Officer / Badge Number BRIAN FENNER/80 | Reviewed By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLLISION DIAGRAM (Show Unit Movements, Roads) OPT. DRAWN TO SCALE N VI WAS EASTBOUND ON US 83 WHEN DI LOST CONTROL OF VI. VI ENTERED THE NORTH DITCH AND ROLLED ONTO ITS TOP THEN HIT THE UTILITY POLE VI WAS THEN SPUN AND ROLLED ONTO WHEELS | | | | Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number. | | Date of Accident 09242009 TIME Occurred 1720 TIME Arrived 1745 DAY THUR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Object Damaged and nature of damage (Show location in diagram) UTILITY POLE | | | | Name and Address of object owner 67790 MIDWEST ENERGY 916 SHERIDAN AVE HAWKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRIVER'S LICENSE STATE and NUMBER | | | COL? | DATE OF BIRTH | SEX | VEHICLE IDENTIFICATION NUMBER | | | Odometer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| St. (g) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered OWNER FULL NAME ("Same" if Driver) | | | Phone | | Work | Home | TOTAL passengers in this vehicle | | Fire? | | Insurance Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER Address ("Same" if Driver) | | | | | | | Special Data Area | | Direction of Travel | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TRAP UNIT | SEAT TYPE | Last Name | First Name | Initial | ADDRESS (Number, Street, City, State, Zip) | | | SEX | AGE | S.E. USED | EJECT TRAP | PU SEV | EMB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 01 | CREAMER, MARTORIE ANN | | | SMITH CENTER, KS | | | F | 52 | S | N | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURED TAKEN BY: | | | | INJURED TAKEN BY: | | | | INJURED TAKEN BY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Unit MS A | | | | E Unit MS B | | | | E Unit MS C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURED TAKEN TO: | | | | INJURED TAKEN TO: | | | | INJURED TAKEN TO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

17-18

| | | | | | | | | |
|-------|-------------------|------------|-------|-------------------|------------|-------|-------------------|------------|
| Dr/Pd | Violation Charged | Cr/Chn No. | Dr/Pd | Violation Charged | Cr/Chn No. | Dr/Pd | Violation Charged | Cr/Chn No. |
| Dr/Pd | Violation Charged | Cr/Chn No. | Dr/Pd | Violation Charged | Cr/Chn No. | Dr/Pd | Violation Charged | Cr/Chn No. |

OFFICER'S OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number/Specific Factor) Enter in order all codes that apply.

| | | | |
|---|--|--|---|
| 01 LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights | TRAFFIC CONTROLS DIA (On/Al Road) Type Present OK/NP/OK/Non-functional 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates or signal 07 RR crossing signal 08 No passing zone 09 Center/edge lines 88 Other | 02 ACCIDENT CLASS 00 Other non-collision 01 Overturned COLLISION WITH: 02 Pedestrian 03 Other motor vehicle - 04 Parked motor vehicle 05 Railway train 06 Pedalcycle 07 Animal (specify) 08 Fixed object - 09 Other object | *COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle - side impact 04 Sideswipe: opposite direction 05 Sideswipe: same direction 06 Backed into 88 Other |
| 00 WEATHER 00 No adverse conditions 01 Rain, mist, or drizzle 02 Sleet 03 Snow 04 Fog 05 Smoke 06 Strong winds 07 Blowing dust, sand, etc. 08 Freezing rain 88 Other | ROAD CHARACTER 01 Straight and level 02 Straight on grade 03 Straight at hillcrest 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 88 Other | 11 ACCIDENT LOCATION ON ROADWAY: 11 Non-Intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On crossover OFF ROADWAY: 21 Roadside (including shoulder) 22 Median 23 Parking lot, rest area, roadway 88 Other | 06 FIXED OBJECT TYPE 01 Bridge structure 02 Bridge rail 03 Crash cushion (barrel) 04 Divider, median barrier 05 Overhead sign support 06 Utility device: pole, meter, etc. 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence / Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RR crossing fixtures 88 Other |
| 02 SURFACE TYPE 01 Concrete 02 Blacktop 03 Gravel 04 Dirt 05 Brick 88 Other | 01 SURFACE CONDITION 01 Dry 02 Wet 03 Snow or slush 04 Ice or snowpacked 05 Mud, dirt or sand 06 Debris (Oil, etc.) 88 Other | 00 ROAD SPECIAL FEATURES (Identify up to three) 00 None 01 Bridge 02 Bridge overhead 03 Railroad bridge 88 Other | EMERGENCY VISIBLE IDENTIFIER: 04 Railroad crossing 05 Interchange 06 Ramp refer by code Code Ident: |
| 01 VEHICLE MANEUVER BEFORE CRASH 01 Straight/forward road 02 Left turn 03 Right turn 04 U-turn 05 Overtaking (passing) 06 Changing lanes 07 Avoiding maneuver 08 Merging 09 Parking 10 Backing 11 Stopped awaiting turn 12 Stopped in traffic 13 (legally) parked 14 Disabled in roadway 15 Slowing or stopping 88 Other | DAMAGE LOCATION AREA - Vehicle | 01 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motor scooter or Moped 04 Van 05 Pickup truck 06 Sport Utility Veh. 07 Camper or RV 08 Farm equipment 09 All terrain vehicle (ATV) | Heavy / Larger Vehicles - Bus Capacity 10 Single Large Truck 11 Truck and trailer(s) 12 Tractor-trailer 13 Cross country bus 14 School bus 15 Transit bus 25 Train 77 Emergency Vehicles 88 Other |
| 03 VEHICLE DAMAGE 01 None 02 Damage (minor) 03 Functional 04 Destroyed 88 Other | DAMAGE LOCATION AREA - Vehicle | PEDESTRIAN LOCATION BEFORE IMPACT - IN INTERSECTION: 01 In crosswalk or bikeway 02 Not in crosswalk or bikeway 03 In intersection without crosswalk or bikeway NOT IN INTERSECTION 11 In available crosswalk or bikeway 12 Not in available crosswalk or bikeway 13 In area without crosswalk or bikeway 25 NOT IN ROADWAY | PEDESTRIAN ACTION 01 Entering or crossing road 02 Walking or riding on road 03 Approaching, leaving, or working on vehicle 04 Working (not on vehicle) 05 Plying standing 06 Approaching or leaving bus 07 In parked vehicle 88 Other |
| 01 DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license | 00 RESTRICT. COMPLY (Code each driver) 00 No restrictions 01 Complied with 02 Do not comply | SUBSTANCE USE AP - Alcohol Present AG - Alcohol Contributed DP - Illegal Drug Present DC - Illegal Drug Contributed MP - Medication Present MC - Medication Contributed | DRIVER/PEDESTRIAN TEST TR - Alcohol or Drug Test Refused PT - Positive preliminary Test RP - Test given, Results Pending |

USE CODE "99" FOR UNKNOWN

0.111 ← B.A.C. → 0.111

15-18

~~10-3-2016~~

Aug 5 mailed from Fed X trackin #
Aug 12, 2016 filed

Ms. Marjorie A. Creamer

Kansas City, MO

#16-3293

Case of Gm
MA

Aug 16, 2016

SDgny Clerk

Pls file Enclosed

J Prefactory Statement

Thayne M Creamer

CREAMER

UNITED STATES DISTRICT COURT

14-MD-2543 (JMF)

SOUTHERN DISTRICT OF NEW YORK

IN RE: GENERAL MOTORS, LLC
IGNITION SWITCH LITIGATION

14-MC-2543 (JMF)

THIS DOCUMENT RELATES

Case No.

TO: [NAME: *MARJORIE A.*]*16-3293**DIST of KS #16-4045**a/k/a THE HUSH**after 2014 Ignition Switch
conclusion revealed*PLAINTIFF FACT SHEET
CASE INFORMATION*CTO-82*Prefatory Statement*to MDL-2543*

Plaintiff has not fully completed investigation of the facts relating to this claim, and has not completed all necessary discovery or preparation for trial. All of the responses contained herein are based only upon such information and documents that are presently available to and specifically known to Plaintiff and Plaintiff's counsel, agents, and representatives, and disclose only those contentions known or reasonably available to Plaintiff and Plaintiff's counsel, agents and representatives. It is anticipated that further discovery, independent investigation, legal research and analysis will supply additional facts, add meaning to the known facts, and establish entirely new factual conclusions and legal contentions, all of which may lead to substantial additions to, changes in, and variations from the responses and contentions set forth herein.

The following responses are given without prejudice to Plaintiff's right to produce evidence of any facts Plaintiff may later become aware of or recall. Plaintiff accordingly reserves the right to change, amend, or add to any and all responses herein as additional facts are ascertained, analyses are made, legal research is completed, memories are recalled, and contentions are made. The responses contained herein are made in a good faith effort to supply as much factual information and as much specification of factual and legal contentions as are presently known, but should in no way be to the prejudice of Plaintiff or Defendants in relation to further discovery, research or analysis or in any future lawsuit. Plaintiff has an affirmative duty to supplement or correct a response in a timely manner if Plaintiff learns that in some material respect the response is incomplete or incorrect, and if the additional or corrective information has not otherwise been made known to Defendants during the discovery process or in writing. In such a circumstance, Plaintiff agrees to timely file an amendment to this Fact Sheet.

Plaintiff provides the responses herein with the understanding that Plaintiff's responses will be governed by Order No. 10—Protecting Confidentiality and Privileged Materials—entered on 9/10/2014 in this litigation. [See Dkt. No. 294]

*2016 New X-rays (1st and only of spine)
head, MRI**2009-2010 Nebraska, Hastings*

Definitions

A. "Subject Vehicle" is defined as the vehicle that serves as the basis for Plaintiff's claim in this matter.

B. "Subject Incident" is defined as the Ignition-Switch Related Event involving the Subject Vehicle that is the basis for Plaintiff's claim in this matter.

C. "Ignition-Switch Related Event" includes, but is not limited to, an incident where the Subject Vehicle's ignition switch moved from the "run" position to "accessory" position (or otherwise moved out of the "run" position) resulting in a partial loss of electrical power, the vehicle's engine turning off, a loss of power steering, and/or a failure of the airbags to deploy.

The following questions are to be treated as interrogatories pursuant to Federal Rules of Civil Procedure, Rule 33, and are subject to Rules 26 and 37.

I. BASIC INFORMATION

1. Name of individual completing this Fact Sheet: **MARJORIE ANN CREAMER**
2. Date of Birth: **[REDACTED] 957**
3. Address: **[REDACTED] Ke, MO 64119**
4. Are you completing this Fact Sheet in a representative capacity (e.g., on behalf of the estate of a deceased person, an incapacitated individual, or a minor injured in the Subject Incident on which this case is based)? **TBI and other injuries**
- Yes ☒ No ☐

5. If you are completing this Fact Sheet in a representative capacity, identify the person(s) represented by name, date of birth, gender, and address:

| Name | DOB | Gender | Address |
|-------------|-------------|-------------|-------------------------------|
| Self | same | same | Driver of Chevy Cobalt |

6. What is your relationship to the individual you represent? **Self**
7. Were you appointed by a court? **Had case in BK of SDNY**
- Yes ☒ No ☐ **BK # 09-50026**
8. If you represent a decedent's estate, state the decedent's date of death: **N/A**
9. If you represent a decedent's estate, do you contend the Subject Incident caused the decedent's death? **N/A**

REAMER - 2006 Chevy Cobalt

10. If you represent a decedent's estate, identify the decedent's surviving spouse, parents, and children and provide their addresses (or the addresses of their attorneys, if applicable) and the age of any surviving children.

N/A

For the remaining questions of the fact sheet, "you" or "your" means the person injured in the Subject Incident on which this claim is based.

[Note: If you are completing this Fact Sheet in a representative capacity, please respond to the remaining questions with respect to the person who was injured in the Subject Incident. If the individual is deceased, please respond as of the time immediately before his or her death unless a different time period is specified.]

II. PERSONAL INFORMATION

11. Your Name: MARJORIE ANN CREAMER
12. Male ☐ Female ☒
13. Age at time of Subject Incident: age 52 (spouse still alive)
died in 2013
14. Date of birth: 1957
15. Social Security Number: [REDACTED]
16. Driver's License Number/State of Issuance/Date of First Issuance: [REDACTED] 1973 Kansas Expires [REDACTED]
17. List your current address and the period you have resided at the location:

| Current Address | Dates |
|--------------------------------|-------|
| <u>[REDACTED] KC, MO 64119</u> | |

18. Marital Status: Are you currently married?
- Yes ☐ No ☒ Widowed
- If yes, please identify your current spouse.
19. Were you married at the time of the Subject Incident?
- Yes ☒ No ☐
20. Is your spouse pursuing a loss of consortium claim?
- Yes ☐ No ☒

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If you answered "Yes," please identify your spouse's name, date of birth, and occupation:

| Spouse's Name | Date of Birth | Occupation |
|---------------|---------------|------------|
| N/A | | |

21. If your spouse is pursuing a loss of consortium claim, please state whether you and your spouse have ever lived apart during your marriage or filed for separation or divorce.

III. PREVIOUS LEGAL MATTERS

22. Within the past ten (10) years, have you been convicted of, or pled guilty to, a felony or completed serving a sentence for a felony conviction?

Yes ☐

No ☒

23. Within the past ten (10) years, have you been convicted of, or pled guilty to, a misdemeanor involving lying, false statements, cheating, fraud, or dishonesty?

Yes ☐

No ☒

If you answered "yes" to question no. 22 and/or 23, please identify the charge for which you were convicted (or pled guilty to), the court in which you were convicted or entered the plea, the criminal action number assigned to the matter, and the sentence imposed.

24. Within the past ten (10) years, have you filed a lawsuit or made a claim involving personal injuries other than this case?

Yes ☒

No ☐

If you answered "yes," please identify the Court, the case name, names of adverse parties, civil action number if filed, and state how the matter was resolved.

DIST. OF KANSAS

POLICE

25. Within the past ten (10) years, have you submitted a workers' compensation claim, social security claim, or any other form of disability claim for injuries to the part(s) of your body that you claim was injured in the Subject Incident?

Yes ☐

No ☒

If you answered "yes," please list the claims submitted, the entity with which the claim was filed, the year and location where the claim was filed, the claim number, nature of the disability, period of disability, and the status of the claim.

26. Other than this case, have you or has someone on your behalf made a claim or filed a lawsuit concerning the Subject Incident or the injuries and damages you claim to have sustained as a result of the Subject Incident?

CREAMER -

Yes ☐No ☒

2006 Chevy Cobalt

If you answered "yes," please identify the other persons or entities against whom the claim was made or lawsuit was filed, the date of the claim or lawsuit, where the claim or lawsuit was filed and the status of the claim or lawsuit.

IV. VEHICLE INFORMATION

27. Subject Vehicle Model Year, Brand/Make, Model, and Trim Level:
2006 XM satellite Sport Package Chevy Cobalt
28. Subject Vehicle's Vehicle Identification Number (VIN):
29. Date of purchase: April 2007
30. Did you purchase the Subject Vehicle new or used?
NEW
31. Name and address of dealer/seller: CLAY CHEV. NOW HAYS CHEV
32. State where the Subject Vehicle is currently located and who has possession of it:
2010 last at Wichita, KS insurance and police
33. Is the Subject Vehicle available for inspection? tried to arrest me then
Unknown ☒ Yes ☐ No ☐ Salvaged
34. Has the Subject Vehicle's Sensing and Diagnostic Module ("SDM") been downloaded at any time following the Subject Incident?
Yes ☒ No ☐ by Annette Egdon
GM claims Agent
- If you answered "yes," please identify the step-by-step process used to download the SDM data, including, but not limited to, the person performing the download of the data and the date such download occurred.
35. Has the SDM ever been removed from the Subject Vehicle?
Yes ☐ No ☒ at time inspected
Don't Know ☐
- If you answered "yes," please identify who removed the module, when the module was removed, and where the module is currently located.
36. Identify, to your knowledge, all persons who have inspected and/or photographed the Subject Vehicle since the Subject Incident.
UNKNOWN

V. MAINTENANCE HISTORY

37. To your knowledge, has the Subject Vehicle's ignition switch ever been repaired and/or serviced?
Never

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2006 Chevy Cobalt

Yes

☐

No

☒

If you answered "yes," please describe the repair or service performed, when it was performed, and who performed it.

38. To your knowledge, has the Subject Vehicle's airbag(s) or its components ever been repaired and/or replaced?

Yes

☐

No

☒

If you answered "yes," please describe the repair or service performed, when it was performed, and who performed it.

VI. INCIDENT INFORMATION

39. Do you claim to have experienced an Ignition-Switch Related Event in the Subject Vehicle?

Sept 24, 2009 Accident

Yes

☒

No

☐

If you answered "yes," please state how many Subject Incidents you claim to have experienced.

40. With respect to the first, or earliest, Subject Incident you experienced:

a. What date and time did it happen?

Sept 24, 2009

b. Were you driving the Subject Vehicle during the Subject Incident?

Yes

☒

No

☐

If you answered "no," please provide the name, age, and current address of the driver, and relationship to you.

- c. If the driver of the Subject Vehicle had a cellular telephone and/or other mobile communications device in the vehicle during the Subject Incident, please provide the telephone number(s) and service provider(s) for the device(s).

785 [REDACTED] Verizon

- d. State whether the driver of the Subject Vehicle consumed any prescription medication, non-prescription medication or drugs, or alcoholic beverage in the 24 hours before the Subject Incident and identify the substance and amount consumed.

NONE

- e. Did the driver of the Subject Vehicle submit to any drug or alcohol testing following the Subject Incident?

none needed

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Yes

☐

No

☒

If you answered "yes," please describe the testing performed and the results of the testing.

- f. Describe all items on the key chain attached to the key in the Subject Vehicle's ignition switch at the time of the Subject Incident. 1 - Key (ignition)

- g. Describe the location of the Subject Incident, including, but not limited to, the surroundings, terrain, and the highway, street or parking lot or address where it happened. 2/are Western Old Kansas Hwy - fields of grass

- h. Describe the lighting, weather, and road conditions (e.g., daylight, rainy, wet, icy, dry) during the Subject Incident. Clean sunny

- i. Indicate the length of time and distance the Subject Vehicle travelled off the roadway during the Subject Incident, if applicable. 69 mph

- j. Was there a collision?

69 mph
Crash

Yes

☒

No

☐

If you answered "yes," please describe the portion of the Subject Vehicle that collided with or struck any other object during the Subject Incident. Ditch utility pole to other side ditch NO steering available

- k. Did the Subject Incident involve a rollover event?

Yes

☒

No

☐

If you answered "yes," describe the rollover event, whether the rollover occurred on road or off road, whether it was a passenger's side or driver's side leading roll, and whether the Subject Vehicle struck any object before, during, or after the roll.

- l. Did emergency responders arrive on scene?

Yes

☒

No

☐

If you answered "yes," please identify the responding agency and the incident or report number documenting their response to this incident.

- m. Was anyone injured?

Yes

☒

No

☐

- n. Was any property damaged, including, but not limited to, the vehicles involved?

Yes

☒

No

☐

Wires hanging over car, drove me knocked out utility pole

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If you answered "yes," please identify the property damaged and describe the damage, including the total of any repair estimate and whether any repairs were made to the vehicle as a result thereof. *More than my insurance*

- o. Is there a police report concerning the incident?

Yes ☒ No ☐

If you answered yes, please identify the police agency and the incident/report number relating to the incident.

- p. Were any photographs taken of accident scene, the Subject Vehicle, and/or the vehicle's occupants?

Yes ☒ No ☐

- q. Describe what happened, including the vehicle's approximate speed when the Subject Incident began (and/or the gear the vehicle was in), any and all inputs (steering, braking, etc.) the driver made to the vehicle during the Subject Incident, the response of the vehicle, and the outcome. *69 mph CRUISE*

- r. Did the vehicle's airbag(s) deploy during the Subject Incident?

Yes ☐ No ☒

If you answered "yes," please state which airbags deployed.

- s. Were you wearing a seat belt at the time of the Subject Incident?

Yes ☐ No ☒

- t. Was any occupant of the Subject Vehicle fully or partially ejected during the Subject Incident?

Yes ☒ No ☐ *my dog / one of my dogs*

If you answered "yes," please explain.

- u. Identify any citations or tickets that were issued following the Subject Incident.

- v. Did you take the Subject Vehicle to a dealership or service facility after the Subject Incident to address the Ignition-Switch Related Event?

N/A Yes ☐ No ☒ *called about non-deployment*

If you answered "yes," please identify the dealership or service facility, the date of service, and describe what work was done to the Subject Vehicle, anything you

CREAMER - 2006 Chevy Cobalt

were told about the Subject Vehicle and/or the Ignition-Switch Related Event, and identify all documentation associated therewith.

41. For each additional such Ignition-Switch Related Event you experienced, please answer question(s) 40(a)-(v) on a separate page and attach to the end of your Fact Sheet responses. *- 2007 winter both front back passenger tires BLEW - non airbag deployment*

42. Without prejudice to amending or supplementing this response at a later date, list the potential defects in the Subject Vehicle that you currently believe may have caused or contributed to the Subject Incident(s) and the basis for your assertions of same. *- defective recalled STEERING MOTOR*

43. Without prejudice to amending or supplementing this response at a later date, list the potential defects in the Subject Vehicle that you currently believe may have caused or contributed to your alleged injuries and the basis for your assertions of same. *none*

44. Do you claim that the Subject Vehicle experienced a "moving stall" or otherwise lost engine power, and that this caused a loss of vehicle control during the Subject Incident? *none*

Defective Steering Motor recalled
 Yes ☒ No ☐
never replaced

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

45. Do you claim that a loss of power steering occurred because the ignition switch moved out of the "run" position?

Yes ☒ No ☐

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

46. Do you claim that a loss of power assist brakes occurred because the Ignition Switch moved out of the "run" position? *crushed before road ditch report says Chum lost control*
But no steering to steer away from utility pole in Ditch

Yes ☒ No ☐

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

47. Do you claim that any of the Subject Vehicle's airbag systems failed to deploy during the Subject Incident because the Ignition Switch moved out of the "run" position?

Yes ☒ No ☐

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If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of anticipated testimony.

VII. INJURY INFORMATION

48. For each Subject Incident in which you allegedly sustained a personal injury, please describe your injuries and how they were sustained. *System locked up shut down driver had no control*
49. Did the injuries you allegedly sustained during the Subject Incident result in hospitalization? *NO on coming traffic saved driver's life*
 Yes ☒ No ☐ *physically and mentally*
50. Please identify all facilities, agencies, hospitals, physicians, therapists, and other medical professionals who provided treatment for the injuries you allegedly sustained during the Subject Incident, as well as the dates of treatment.

| Medical Provider | Dates of Service |
|--|------------------|
| <i>Lance Cooper attorney had file / was his client</i> | |
| <i>Case Dist of KS #11-4028; BK-SD of NY 09-50026</i> | |
| <i>2nd appeal #12-6074; U.S. Supreme Court #14-10350</i> | |
| <i>Hans (Kris) (Pat Schlegel, mgr) has file</i> | |

51. For each Subject Incident in which someone other than you was injured, please identify the person, and to the extent you have knowledge, identify the type or nature of injuries allegedly sustained, and the names of any agencies, hospitals, or physicians who treated the injured party.

VIII. CURRENT OR PRIOR MEDICAL CONDITIONS

52. Other than the injuries allegedly sustained in the Subject Incident, between the date of the Subject Incident and the present, have you sustained any physical injuries, illnesses, or disabilities that have resulted in lost income or medical expenses?

Yes ☒ No ☐

If you answered "yes," please identify the injury, illness, disability, symptoms, date(s) of onset, date(s) of diagnoses and by whom it was first diagnosed. *Condition PTSD*

53. During the three (3) year period before the Subject Incident, did you sustain any physical injuries, illnesses, or disabilities that resulted in lost income or medical expenses? *TBI Di Murta*
encephalopathy, 2009 concussion *BC, 1999* *2015*

Yes ☒ No ☐

PTSD work related 1991
assault battery, rape at work on pool table Greyhound Bus
 Contains Confidential Information - Subject to Confidentiality Order (Order No. 10)

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If you answered "yes," please identify the injury, illness, disability, symptoms, date(s) of onset, date(s) of diagnoses and by whom it was first diagnosed.

IX. DAMAGES CLAIMS - PERSONAL INJURY

54. Lost Wages/Loss of Earning Capacity: Are you claiming or do you expect to claim that you lost earnings or suffered an impairment of your earning capacity as a result of any condition you claim resulted from the Subject Incident?

Yes ☒ No ☐ *ownership +*
Career horse rider, boarding stable
 If you answered "yes," please provide the following information with respect to each of your places of employment for the past ten (10) years:

Self employed as PTSD from 1991 work

| Dates | Employer Name and Address | Job Title and Nature of Responsibilities | Annual Income and Benefits |
|-------|---------------------------|--|----------------------------|
| | N/A | | |
| | | | |
| | | | |

55. Total number of days you missed from work allegedly because of injuries sustained during the Subject Incident. *7 years*

56. Please identify whether you received any disability, medical leave, or other income for those days you missed allegedly due to your injuries and, if so, the type and amount of such income. *disability monthly*

57. Please identify whether you expect to return to employment following recovery from your injuries claimed as a result of the Subject Incident. Please identify when your return is expected, whether you are expected to return to the same or similar job, and the number of hours per week you expect to be working. *FRONT LABEL HEAD*

58. If you do not expect to return to work, please explain why you are no longer able to work and whether same was confirmed by any medical professional. Please identify the medical professional who limited your ability to work. *currently need TBI medical attention*

59. If you are claiming an impairment of your earning capacity, identify the impairment and the health care provider who diagnosed it. *Smith Center K's electric*
injured 1991 disablen, physical 2009 car accident

60. What is the amount of medical expenses you claim to have incurred as a result of the Subject Incident? *Hospital K.C. 1110 St*
Luke's Smithville, Dr. Farceat Anna

DOCUMENT REQUESTS

The following requests are to be treated as requests for the production of documents pursuant to Federal Rule of Civil Procedure, Rule 34, and are subject to Rule 37. *Heating Nebraska Records*

See previous court cases filed with documentation

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The responding party shall produce into the MDL 2543 Document Depository, within thirty (30) days of the date of service of this Fact Sheet, any of the following documents that are in the responding party's possession, custody or control.

- Attorneys will have to pull files of cases*
1. Copies of all documents relating to the purchase or lease of the Subject Vehicle and reflecting any repair, inspection, service, recall service, alteration or modifications of the Subject Vehicle. *DIST of KS case # 11-4028*

2. Copies of the data downloaded from the Subject Vehicle's SDM.

3. Copies of all accident, incident or investigative reports (other than documents created by your counsel or at your counsel's request) regarding the Subject Incident or the Subject Vehicle prepared by any responding agency or third party, and documents reflecting citations issued by any police agency or governmental agency relating to the Subject Incident.

- Cases SD of NY appeal #12-6074*
4. Copies of all towing records related to the towing of the Subject Vehicle as a result of the Subject Incident.

- old or new BK of SD of NY #09-50026*
5. Copies of all photographs, videotapes, or digital images taken of the Subject Vehicle or any part of the Subject Vehicle before, during, and/or after the Subject Incident.

6. Copies of all photographs, videotapes or digital images taken of the injuries you claim to have sustained in the Subject Incident (other than documents created by your counsel or at your counsel's request).

- U.S. Supreme Ct # 6350*
7. Copies of all electronic data and/or electronic surveys taken and/or related to the accident scene.

- Manjore Creamer, ML Company*
8. Any written and/or recorded statements that you gave (other than privileged communications or work product) regarding the Subject Vehicle, the Subject Incident, or your claimed injuries.

- N/A*
9. Copies of all post-Subject Incident test results for the presence of alcohol or drugs in the individual driving the Subject Vehicle during the Subject Incident.

- N/A*
10. Copies of any written statements given to any police officer, fireman, fire investigator, or any other public agency or entity regarding the Subject Incident.

- See cases of Court filed on this page*
11. All photographs and videos portraying or documenting injuries allegedly sustained as a result of the Subject Incident, including any "day in the life," therapy, or recovery video.

- See cases of Court filed on this page*
12. Copies of all documents and photographs regarding media coverage of the Subject Incident and/or your injuries allegedly sustained as a result thereof.

- See cases of Court filed on this page*
13. Copies of any available medical and pharmacy records, medical x-rays and images, charts, reports, nursing notes, therapy notes, and billing records for medical treatment you received for the injuries you claim were sustained in the Subject Incident.

will provide 2016 current and on going eval + tests of TBI

CREAMER - 2006 Chevy Cobalt

14. Copies of any available medical and pharmacy records, medical x-rays and images, charts, reports, nursing notes, therapy notes, and billing records for medical treatment you received during the three (3) year period before the Subject Incident.

15. Copies of any documents related to insurance, including claims you submitted and policies you had in effect as of the date of the Subject Incident that covered or may cover you, the Subject Vehicle, or the property on which the Subject Incident occurred.

16. Copy of the death certificate, autopsy reports, and funeral and burial expenses if plaintiff claims the injured person died as a result of the Subject Incident.

2009
7 years later

TBI, spine, bones

Brianna Murray, MD

BY
GIRL
then
when
steer
motor
recall

Xrays of Spine

MRI's

2009 Nebraska Hastings
Hospitals still incurring
STATEMENTS

In 2009 Emergency room would
refused to Xray head.

Dr. Rueben Silan, Norton, KS
said Xray showed contusion
Concussion

Encephalopathy (bleeding, leaking)

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SIGNED AUTHORIZATIONS

Plaintiff agrees to produce into the MDL 2543 Document Depository *original signed authorizations* within thirty (30) days of the date of service of this Fact Sheet for the release of relevant medical records, and to the extent a claim for lost wages is made, the release of relevant employment and financial records, including tax authorizations, social security authorizations, authorizations for the release of educational records, and Medicare/Medicaid disclosure forms. Plaintiff agrees to provide current authorizations as necessary. Plaintiff agrees that any document request above for medical and/or employment and/or financial records to be produced by Plaintiff will not preclude Defendants from also collecting such records directly from the source pursuant to the signed authorizations.

Sending
 Most documents in file and
 from Cooper firm LANCE attorney
 in Georgia however he concentrated
 on dead young woman other
 then old injured woman, me. see
 page 13 for further evaluations
 as I have had no \$ for medical
 expenses incurred and in 2013
 lost my husband, farm, everything
 I own and am walking around
 on crutches that cracked & bent
 Impact NO Airbag Deployment
 J. Creamer

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DECLARATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all the information provided in this Fact Sheet is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry. I understand that I am under an obligation to supplement these responses.

Date:

June 27 2016

Signature

MARJORIE A CREAMER

Name

MARJORIE A CREAMER

No Judge(s) listen to me nor
did LANCE COOPER
know filings Dist of Kc #11-4028

SD of NY BK 09-50026

2nd Appeal Ct #12-6074

U.S Supreme Ct #14-6380

Dist of Kansas

Now # 16-4045 → to ^M CTO-82

